

SCC eFile	2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	216516381			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: CORE KNOWLEDGE FOUNDATION</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MARK J NELSON 530 EAST MAIN ST PO BOX 2057</p> <p>CHARLOTTESVILLE, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHARLOTTESVILLE CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 5/31/2016</p> <p>SCC ID NO: 02874337</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 801 E HIGH ST</p> <p style="margin-left: 40px;">CITY/ST/ZIP: CHARLOTTESVILLE, VA 22902</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LINDA BEVILACQUA TITLE: PRESIDENT ADDRESS: 801 E HIGH STREET CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LINDA BEVILACQUA TITLE: PRESIDENT ADDRESS: 801 E HIGH STREET CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK BAUERLEIN DIRECTOR EMORY UNIVERSITY N302 CALLAWAY CENTER 537 KILGO CIRCLE ATLANTA, GA 30322	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHESTER FINN DIRECTOR 1016 16TH STREET, NW WASHINGTON, DC 20036	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TED HIRSCH DIRECTOR 41 WESTERN AVENUE HULL, MA 02045	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR E D HIRSCH JR DIRECTOR 801 E HIGH ST CHARLOTTESVILLE, VA 22902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRAD MILLER DIRECTOR 132 PRESIDIO AVENUE SAN FRANCISCO, CA 94115	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RUTH WATTENBURG DIRECTOR 4129 HARRISON STREET, NW WASHINGTON, DC 20015	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL T WILLINGHAM DIRECTOR UNIVERSITY OF VIRGINIA, DEPT OF PSYCHOLOGY PO BOX 400400 GILMER HALL B0006 CHARLOTTESVILLE, VA 22904-4400	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LINDA BEVILACQUA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LINDA BEVILACQUA, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/29/2016 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			